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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2009</h3>		Complete if Known	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/741,798-Conf. #5599
		Filing Date	December 19, 2003
		First Named Inventor	Susan P. Dark
		Examiner Name	J. M. Rutkowski
		Art Unit	2473
TOTAL AMOUNT OF PAYMENT (\$) 180.00		Attorney Docket No. 58895/P001C1/10316486	

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	<input type="checkbox"/> Deposit Account Deposit Account Number: 06-2380 Deposit Account Name: Fulbright & Jaworski L.L.P.
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____

2. EXCESS CLAIM FEES			
Fee Description	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Each claim over 20 (including Reissues)	52	26	_____
Each independent claim over 3 (including Reissues)	220	110	_____
Multiple dependent claims	390	195	_____
Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Multiple Dependent Claims Fee (\$) Fee Paid (\$)		
_____ - or HP = _____ x _____ = _____	_____		
HP = highest number of total claims paid for, if greater than 20.			
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)	Fee Paid (\$)		
_____ - or HP = _____ x _____ = _____	_____		
HP = highest number of independent claims paid for, if greater than 3.			

3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)
_____	_____	_____	_____
_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____			Fee Paid (\$) _____
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00			

SUBMITTED BY			
Signature		Registration No. (Attorney/Agent) 54,214	Telephone (214) 855-7115
Name (Print/Type)	Thomas Kelton	Date	December 21, 2009

Fee Transmittal I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).	
Dated: December 21, 2009	Signature: (Donna Dobson)